Form 13-88
Revised 5-2012

Application for Sales Tax Exemption by Motion Picture or Television Production Companies

Oklahoma Tax Commission
Post Office Box 26920 - Oklahoma City, OK 73126-0920

(Print or Type All Information)

1. How is Business Owned: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability

2. Name of Production Company: _____

3. Business Phone: (area code and number) _____

STSE **AP**

4. FEIN: ☐☐☐☐☐☐☐☐☐

5. Mailing Address: (street and number, post office box, or rural route and box number)

_____

City | State | Zip Code

6. Name of Individual, Partners/Responsible Corporation Officer/Managing Members:

A
Name (Last, First, Middle Initial) | Social Security Number | Title
Mailing Address | City, State and Zip Code

B
Name (Last, First, Middle Initial) | Social Security Number | Title
Mailing Address | City, State and Zip Code

7. Location of Representative Responsible for Expenditure Records:

Address/Street Number or Directions (do not use post office box or rural route) | City | State | Zip Code

8. Name and Phone Number of Person to Contact:

Name | Business Phone (area code and number)

9. Projected dates of production activities in Oklahoma: _____ through _____

10. Estimated total production expenditures subject to sales and/or use tax: $ _____

11. Name of Production: _____

(Check all that apply)

A. Is the production a: ☐ Documentary ☐ Special ☐ Music Video ☐ Television Commercial ☐ Television Program ☐ Full Length Motion Picture

B. If a television program, will it serve as a: ☐ Pilot ☐ Segment for a series

C. Is the production being taped or filmed for: ☐ Theatrical Release ☐ Network Release ☐ National Release ☐ Regional Syndication

D. If no check is made in "C" above, is the production instead only to be shown via local media outlets?
☐ Yes ☐ No

An individual, general partner, corporate officer or authorized representative must sign this application. The answers given and information provided above are true and correct to the best of my knowledge and belief.

12. Type or print name and title

13. Signature | **14.** Date

Office Use
OTC Project Number